

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		TELEPHONE NO.:	LEVYING OFFICER (Name and Address)	
ATTORNEY FOR (Name):				
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY:				
PLAINTIFF:				
DEFENDANT:				
CLAIM OF EXEMPTION (Wage Garnishment)			LEVYING OFFICER FILE NO:	COURT CASE NO.:

- READ THE EMPLOYEE INSTRUCTIONS BEFORE COMPLETING THIS FORM-

Copy all the information required above (except the top left space) from the Earnings Withholding Order. The top left space is for your name or your attorney's name and address. The original and one copy of this form with the Financial Statement attached must be filled with the levying officer. DO NOT FILE WITH THE COURT.

1. I need the following earnings to support myself or my family (check a or b):

- a. ☐ All earnings.
b. ☐ \$ _____ each pay period.

2. Please send all papers to

- ☐ me
☐ my attorney
at the address ☐ shown above ☐ following (specify):

3. I am willing for the following amount to be withheld from my earnings **each pay period** during the withholding period. I understand that the judgment creditor can accept this offer by not opposing the Claim of Exemption, which will result in the following sum being withheld each pay period (check a or b):

- a. ☐ None
b. ☐ Withhold \$ _____ each pay period.

4. I am paid

- ☐ daily ☐ every two weeks ☐ monthly
☐ weekly ☐ twice a month ☐ other (specify):

NOTE: You must attach a properly completed Financial Statement form to this Claim of Exemption.

The Financial Statement form is available without charge from the levying officer.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)